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CORONARY ANGIOGRAPHIC FINDINGS AND RESULTS OF PERCUTANEOUS CORONARY INTERVENTION (PCI) IN NONAGENARIANS: A SINGLE TERTIARY CARE CENTER EXPERIENCE

i2 Poster Contributions

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Background: Recent studies have shown percutaneous coronary intervention (PCI) to be increasingly safe and successful in octogenarians, however, comparable data is limited in nonagenarians

Methods: This retrospective study included 53 consecutive nonagenarians (mean age: 91.8 ± 1.9 yrs; 61% African American) who underwent coronary angiography (CA) at a tertiary medical center between 2003 and 2008.

Patients with significant coronary lesions (n=40) were divided into those who 1) underwent PCI (PCI group, n=20) or 2) conservative medical management (Non-PCI group, n = 20). We defined predictors and compared all cause mortality in these groups.

Results: Acute coronary syndrome (75%) and disabling angina (21%) were the major indications for CA, which revealed 2-3 vessel disease in 62% and type B or C lesions in 83% of cohort.

Predictors of mortality were: serum albumin [HR: 0.12 (0.03-0.47)], GFR [0.94 (0.87-1.00)], ejection fraction [HR: 0.057 (0.002-1.67)], and lesion length [1.304 (1.021-1.669)] (PCI group).

After adjustment for confounders, Non-PCI group was associated with higher all cause mortality at 1.9 years as compared to the PCI group [70% vs. 30%; HR: 10 (2.68-37.03) $p = 0.0006$]. In-hospital mortality rate was 0% and 5% for PCI and Non-PCI groups. Overall, technical success rate of PCI was 95%.

Conclusion: PCI in nonagenarians is achievable with a high technical success rate, low in-hospital mortality and might confer a mortality benefit over medical management.

